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Bib Data Sheet

CONFIRMATION NO. 3719

<b>SERIAL NUMBER</b> 09/833,247	<b>FILING DATE</b> 04/11/2001 <b>RULE</b>	<b>CLASS</b> 257	<b>GROUP ART UNIT</b> 2822	<b>ATTORNEY DOCKET NO.</b> AMDA.486PA	
<b>APPLICANTS</b> Michael R. Bruce, Austin, TX; Victoria J. Bruce, Austin, TX; Glen Gilfeather, Del Valle, TX;					
<b>** CONTINUING DATA *****</b> <i>None</i>					
<b>** FOREIGN APPLICATIONS *****</b> <i>None</i>					
<b>IF REQUIRED, FOREIGN FILING LICENSE</b> <b>GRANTED ** 06/06/2001</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>[Signature]</i> <i>RTH</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> TX	<b>SHEETS DRAWING</b> 7	<b>TOTAL CLAIMS</b> 20	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> Crawford PLLC Suite 390 1270 Northland Drive St. Paul, MN 55120					
<b>TITLE</b> Three-dimensional tomography					
<b>FILING FEE RECEIVED</b> 710	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		